

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Human Rights Campaign California Marriage PAC - No on Prop 8			<b>Date of This Filing</b> 08/17/2008	Date Stamp      Page 1 of 3	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (202)628-4160	<b>I.D. NUMBER</b> (if applicable) 1307246		<b>Report No.</b> 0817-SM1		
<b>STREET ADDRESS</b>			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Washington	<b>STATE</b> DC	<b>ZIP CODE</b> 20036	<b>No. of Pages</b> 3		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
08/16/2008	Michael Deforeest Long Beach, CA 90814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Payroll Manager ARCO	\$1,000.00
08/16/2008	Human Rights Campaign Washington, DC 20036	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,577.46
08/16/2008	Dan Ketelaars Laguna Niguel, CA 92677	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Importer Danko Foods Inc.	\$5,000.00

### \*Contributor Codes

IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment:

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08/16/2008	Greg Weaver Palm Springs, CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$1,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: